Case 22-11615-mdc Doc 13 Filed 07/31/22 Entered 07/31/22 14:18:14 Desc Main Document Page 1 of 41

Fill in this information to identify your case:					
Debtor 1	Marco Solom	on Gagliardi			
Dobtor 1	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States E	Bankruptcy Court for	the: Eastern District of Pe	ennsylvania		
Case number	22-11615				
	(If known)				

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

	Your assets Value of what you own
. Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$ <u>0.00</u>
1b. Copy line 62, Total personal property, from Schedule A/B	
1c. Copy line 63, Total of all property on Schedule A/B	\$45,006.92
Part 2: Summarize Your Liabilities	
	Your liabilities Amount you owe
 Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D 	\$ 0.00
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$ <u>0.00</u>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ \$227,760.33
Your total liability	\$227,760.33
Part 3: Summarize Your Income and Expenses	
Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$ 7,835.08
5. Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	_{\$} 6,981.00

Page 2 of 41 Document

Marco Gagliardi

Debtor 1

First Name Middle Name

Last Name

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

22-11615 Case number (if known)

Pa	art 4: Answer These Questions for Administrative and Statistical Records	
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?	
	No. You have nothing to report on this part of the form. Check this box and submit this fo✓ Yes	orm to the court with your other schedules.
7.	What kind of debt do you have?	
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purpose.	
	☐ Your debts are not primarily consumer debts. You have nothing to report on this part this form to the court with your other schedules.	of the form. Check this box and submit
8.	From the <i>Statement of Your Current Monthly Income</i> : Copy your total current monthly income 122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14.	come from Official \$8,283.88
9.	Copy the following special categories of claims from Part 4, line 6 of <i>Schedule E/F</i> :	
		Total claim
	From Part 4 on <i>Schedule E/F</i> , copy the following:	
	9a. Domestic support obligations (Copy line 6a.)	\$
	9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$
	9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$
	9d. Student loans. (Copy line 6f.)	\$150,176.44
	9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$

9g. Total. Add lines 9a through 9f.

0.00

150,176.44

Fill in	n this ir	nformation to i	dentify your case ar	nd this filing:			
Debt	or 1	Marco Solomo					
Debt	or 2	First Name	Middle Name	Last Name			
(Spou	use, if filin	g) First Name	Middle Name	Last Name			
	ed State: nsylvania		ourt for the: Eastern D	istrict of			
Case (if kno	e numbe	r 22-11615				☐ Check an ame filing	
	c	E 40	.C.A./D			9	
		Form 10					
Sc	che	dule A	/B: Prope	erty			12/15
cate	gory wl	nere you think for supplying	it fits best. Be as co correct information	mplete and accurate	only once. If an asset fits in more than one category, as possible. If two married people are filing together, eded, attach a separate sheet to this form. On the top ion.	both are equal	lly
Part	18 D	escribe Eacl	h Residence, Buil	ding, Land, or Oth	er Real Estate You Own or Have an Interest In		
	•		ny legal or equitable	interest in any resid	ence, building, land, or similar property?		
_	_	o to Part 2 Where is the pro	operty?				
Part		escribe You					
					les, whether they are registered or not? Include any ve t it on Schedule G: Executory Contracts and Unexpired		
3.	Cars, v	ans, trucks, tra	actors, sport utility	vehicles, motorcycle	s		
	✓ No ☐ Yes						
4.	Waterc				al vehicles, other vehicles, and accessories		
	<i>Exampl</i> ✓ No	es. Duais, iraile	ers, motors, personar	watercraft, lishing ves	sels, snowmobiles, motorcycle accessories		
	☐ Yes						
5. \	Add the	dollar value of	the portion you own	for all of your entries	from Part 2, including any entries for pages	_	\$0.00
,	you nav	c attached for i	rare 2. Write that han	ilber Here			Ψ <u>υ.υυ</u>
Part	3: D	escribe You	r Personal and Ho	ousehold Items			
Do y	ou owr	or have any l	egal or equitable int	erest in any of the fo	llowing?	Current value	
6.	House	nold goods an	d furnishings	·	•	Do not deduc	
		-	iances, furniture, linen	e china kitchenware		claims or exe	
	Examp ☐ No	nes: Majur appr	iances, iumiture, imen	s, china, kitchenware			
		s. Describe					
	Furnit	ure, kitchenware	e, small appliances, ha	nd tools, linens, and m	scellaneous household goods and furnishings.	\$ 3,000.00	
7.	Electro	nics					
	Exam				equipment; computers, printers, scanners; music neras, media players, games		
	☐ No ✓ Ye	s. Describe					
	Lapto	o, Television, Ce	ell, Misc Electronics			\$ <u>2.000.00</u>	
	1						

 Case 22-11615-mdc
 Doc 13
 Filed 07/31/22
 Entered 07/31/22
 14:18:14
 Desc Main

 Marco Solomon Gagliardi
First Name
 Middle Name
 Last Name
 Last Name
 Last Name
 Last Name
 Document
 Page 4 of 41
 Case number(if known)
 22-11615

8.	Collectibles of value		
	Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles		
	No ✓ Yes. Describe		
	Artwork	\$ <u>1,000.00</u>	<u>)</u>
9.	Equipment for sports and hobbies		
	Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments		
	No ✓ Yes. Describe		
	Golf Clubs, Tennis Racquet	\$ <u>500.00</u>	
10.	Firearms		
	Examples: Pistols, rifles, shotguns, ammunition, and related equipment No		
	Yes. Describe		
11.	Clothes		
	Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories		
	□ No		
	Yes. Describe		
	Clothes, Shoes, Hats	\$ 2,500.00	<u>)</u>
12.	Jewelry		
	Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems gold, silver		
	□ No		
	Yes. Describe		
	Wedding Ring, Misc Jewelery.	\$ <u>1,000.00</u>	2
13.	Non-farm animals		
	Examples: Dogs, cats, birds, horses		
	☐ No ✓ Yes. Describe		
	<u></u>		
	Dog	\$ 300.00	
14.	Any other personal and household items you did not already list, including any health aids you did not list		
	☑ No		
	Yes. Give specific information		
15. <i>i</i>	Add the dollar value of the portion you own for all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here	>	\$10,300.00
Part	1: Describe Your Financial Assets		
Do v	ou own or have any legal or equitable interest in any of the following?	Current val	lue of the
20,		portion you Do not dedu claims or ex	ict secured
16.	Cash		<u>-</u>
	Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition		
	✓ No		
	Yes	\$	

 Case 22-11615-mdc
 Doc 13
 Filed 07/31/22
 Entered 07/31/22
 14:18:14
 Desc Main

 Marco Solomon Gagliardi
First Name
 Middle Name
 Last Name
 Last Name
 Last Name
 Case number (if known)
 22-11615

17.	Deposits of money				
	,	er financial accounts; certificates of deposit; shares in credit union ns. If you have multiple accounts with the same institution, list eac			
	No				
	✓ Yes	Institution name:		\$ 0.00	
	17.1. Checking account:	Bank of America (#8275)		\$ 0.00	
	17.2. Checking account:	Bank of America (#4625)		\$ <u>0.00</u>	
	17.3. Checking account:	TD Bank (#0305) (Opened 6/22/2022)		\$ <u>0.00</u>	
	17.4. Checking account:	Bank of America (#5232)		\$ <u>1,244.16</u>	
	17.5. Other financial account:	Coinbase		\$ <u>0.93</u>	
	17.6. Other financial account:	Robinhood		\$ <u>0.00</u>	
18.	Bonds, mutual funds, or publicly	traded stocks			
	Examples: Bond funds, investment a	ccounts with brokerage firms, money market accounts			
	No				
	Yes				
	Institution or issuer name:			* • • • •	
10	Merrill Lynch Non publicly traded stock and in	terests in incorporated and unincorporated businesses, inc	cluding an interest in	\$ <u>0.83</u>	
19.	an LLC, partnership, and joint ve		cluding an interest in		
	No✓ Yes. Give specific information about	out them			
	Name of entity:	out mem	% of ownership:		
	Gagliardi Insurance SVC (In bankruptcy	See Petition O . 10. and SOFA 27)	%	\$ <u>Unknown</u>	
		n bankruptcy. See petition Q. 10 and SOFA 27.)		\$ Unknown	
	Golden Star Holdings Group, LLC (See			\$ Unknown	
	Golden Star Financial Group, Inc. (See		%	\$ Unknown	
20.		s and other negotiable and non-negotiable instruments		·	
		nal checks, cashiers' checks, promissory notes, and money order e you cannot transfer to someone by signing or delivering them.	S.		
	No	e you cannot transfer to someone by signing of delivering them.			
	Yes. Give specific information abo	out them			
21.	Retirement or pension accounts				
	Examples: Interests in IRA, ERISA, I	Keogh, 401(k), 403(b), thrift savings accounts, or other pension or	profit-sharing plans		
	No No				
	Yes. List each account separately				
	Type of account Institution 401(k) or similar plan: SoFi - 401k			\$ 1.00	
	401(k) or similar plan: SoFi - 401k 401(k) or similar plan: Merrill Lync			\$ <u>1.00</u> \$ 27,800.00	
22	Security deposits and prepayme			\$ <u>21,000.00</u>	
	Your share of all unused deposits y	ou have made so that you may continue service or use from a d ls, prepaid rent, public utilities (electric, gas, water), telecommunic	' '		
	No				
	Yes				
23.	3. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)				
	✓ No				
24.	Interests in an education IRA, in program.	an account in a qualified ABLE program, or under a qualified	ed state tuition		
	26 U.S.C. §§ 530(b)(1), 529A(b), ar	na 529(b)(1).			
	✓ No ☐ Yes				

Marco Solomon Gagliardi
First Name Middle Name Last Name

| Marco Solomon Gagliardi | Document | Page 6 of 41 | Case number(if known) | 22-11615 |

25.	Trusts, equitable or future interests in property (other than anything listed in line 1), and rigexercisable for your benefit	hts or powers		
	☑ No			
00	Yes. Give specific information about them			
26.	Patents, copyrights, trademarks, trade secrets, and other intellectual property			
	Examples: Internet domain names, websites, proceeds from royalties and licensing agreements			
	☑ No			
27	Yes. Give specific information about them Licenses, franchises, and other general intangibles			
21.	Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, profe	essional licenses		
		SSIOTAL RECTISES		
	✓ No Yes. Give specific information about them			
Mone			Current valu	ue of the
WOTE	ey or property owed to you?		portion you Do not deduc claims or exe	own? at secured
28.	Tax refunds owed to you			
	□ No			
	Yes. Give specific information about them, including whether you already filed the returns and the ta	ax years		
	2020 Tax Refund, 2021 Tax Refund, Potential 2022 Tax Refund (Based upon 2021)	Federal:	\$ <u>4,460.00</u>	
		State:	\$ 0.00	
		Local:	\$ 0.00	
29.	Family support			
	Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settle	ment, property settlement		
	☑ No			
	Yes. Give specific information			
30.	Other amounts someone owes you			
	Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, wo Social Security benefits; unpaid loans you made to someone else	rkers' compensation,		
	□ No			
	✓ Yes. Give specific information			
	Possible Back Unemployment Payment		\$ <u>1,200.00</u>	
31.	Interests in insurance policies			
	✓ No			
32	Yes. Name the insurance company of each policy and list its value Any interest in property that is due you from someone who has died			
<i>32.</i>	✓ No			
	Yes. Give specific information			
33.	Claims against third parties, whether or not you have filed a lawsuit or made a demand for	pavment		
	✓ No			
	Yes. Give specific information			
34.	Other contingent and unliquidated claims of every nature, including counterclaims of the d off claims	ebtor and rights to set		
	✓ No			
	Yes. Give specific information			
35.	Any financial assets you did not already list			
	☑ No			
	Yes. Give specific information			
	Add the dollar value of the portion you own for all of your entries from Part 4, including any entri		>	\$34.706.92
	—			Ψ <u>υ-</u> ,100.32
Part	5: Describe Any Business-Related Property You Own or Have an Interest In. Li	st any real estate in	Part 1.	

Last Name Document Page 7 of 41 Case number(if known) 22-11615 Marco Solomon Gagliardi
First Name Middle Name Debtor 1

37. Do you own or have any legal or equitable interest in any busine	ss-related property?		
✓ No. Go to Part 6.			
Yes. Go to line 38.			
Part 6: Describe Any Farm- and Commercial Fishing-Relate If you own or have an interest in farmland, list it in Part 1.	d Property You Ov	vn or Have an Interest In.	
46. Do you own or have any legal or equitable interest in any farm-	or commercial fishing	1-related property?	
No. Go to Part 7.	or commercial harming	greated property:	
Yes. Go to line 47.			
1 cd. 30 to line 41.			
Part 7: Describe All Property You Own or Have an Interest i	n That You Did No	t List Above	
53. Do you have other property of any kind you did not already list?			
Examples: Season tickets, country club membership			
✓ No			
Yes. Give specific			
information			
54. Add the dollar value of all of your entries from Part 7. Write that num	oer here	>	\$0.00
			Φ <u>0.00</u>
Part 8: List the Totals of Each Part of this Form			
55. Part 1: Total real estate, line 2		>	\$0.00
56. Part 2: Total vehicles, line 5	\$ 0.00		+
57. Part 3: Total personal and household items, line 15	\$ 10,300.00		
58. Part 4: Total financial assets, line 36	\$ 34,706.92		
59. Part 5: Total business-related property, line 45	\$ 0.00		
60. Part 6: Total farm- and fishing-related property, line 52	\$ 0.00		
61. Part 7: Total other property not listed, line 54	+ \$ 0.00		
62. Total personal property. Add lines 56 through 61	\$ <u>45,006.92</u>	Copy personal property total➤	+ \$ 45,006.92
63. Total of all property on Schedule A/B. Add line 55 + line 62			\$ 45,006.92

Case 22-11615-mdc Doc 13 Filed 07/31/22 Entered 07/31/22 14:18:14 Desc Main Document Page 8 of 41

Fill in this in	formation to ide	ntify your case:	
Debtor 1	Marco Solomon G	agliardi	
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States I	Bankruptcy Court for	the: Eastern District of Penn	sylvania
Case number	22-11615		
(If known)			

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt						
 Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) ☑ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) 						
2. For any property you list on <i>Schedule A/B</i> th	nat you claim as exempt, fill	in the information below.				
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption			
	Copy the value from Schedule A/B	Check only one box for each exemption				
Household Goods - Furniture, kitchenware, sappliances, hand tools, linens, and miscellar description: household goods and furnishings. Line from Schedule A/B: 6		\$\frac{3,000.00}{100\% of fair market value, up to any applicable statutory limit	11 USC § 522(d)(3)			
Electronics - Laptop, Television, Cell, Misc Electronics description: Line from Schedule A/B: 7	\$ 2,000.00	2,000.00 100% of fair market value, up to any applicable statutory limit	11 USC § 522(d)(3)			
Brief Collectibles Of Value - Artwork description: Line from Schedule A/B: 8	\$ <u>1,000.00</u>	1,000.00 100% of fair market value, up to any applicable statutory limit	11 USC § 522(d)(3)			
3. Are you claiming a homestead exemption of more than \$189,050? (Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.) I No Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No Yes						

Case 22-11615-mdc Doc 13 Filed 07/31/22 Entered 07/31/22 14:18:14 Desc Main Marco Solomon Gagliardi Document Page 9 of 41 Case number (if known) 22-11615

Debtor

Part 2:

Additional Page

		otion of the property and line	Current value of the	Amount of the exemption you claim	Specific laws that allow exemption
or	n Scneaule	e A/B that lists this property	portion you own Copy the value from Schedule A/B	Check only one box for each exemption	
D : (Sports	& Hobby Equipment - Golf Clubs, Tennis Racquet			11 USC § 522(d)(3)
Brief descript	tion [.]		\$ <u>500.00</u>	▽ \$ 500.00	
Line fro	m			100% of fair market value, up to any applicable statutory limit	
Schedu		g - Clothes, Shoes, Hats			11 USC § 522(d)(3)
Brief descript	tion:	ig Glothos, Ghood, Halo	\$2,500.00	\$\frac{2,500.00}{100\% of fair market value, up to any applicable statutory limit	11 030 § 322(0)(3)
Line fro Schedu		11		any approads statutery mine	
Brief		y - Wedding Ring, Misc Jewelery.			11 USC § 522(d)(4)
descript	tion:		\$ <u>1,000.00</u>	\$ 1,000.00	
Line fro	m			100% of fair market value, up to any applicable statutory limit	
Schedu	Ile A/B: Pet(s)	12 Dog			11 USC § 522(d)(5)
Brief		- Dog	\$300.00	§ 300.00	11 000 3 022(0)(0)
descript			Ψ	100% of fair market value, up to	
Schedu	ıle A/B:	13		any applicable statutory limit	11 1100 0 500(1)(5)
Brief	вапк (of America (#8275) (Checking Account)	\$ 0.00	V \$ 0.00	11 USC § 522(d)(5)
descript	tion:		\$ 0.00	=	
Line fro		47.4		100% of fair market value, up to any applicable statutory limit	
Schedu		17.1 of America (#4625) (Checking Account)			11 USC § 522(d)(5)
Brief descript		(\$ 0.00	₽ \$ 0.00	
descrip	uon.			100% of fair market value, up to	
Line fro				any applicable statutory limit	
Schedu		17.2 nk (#0305) (Opened 6/22/2022) (Checking			11 USC § 522(d)(5)
Brief	Accou		\$ 0.00	▽ \$ 0.00	
descript				100% of fair market value, up to	
Line fro Schedu		17.3		any applicable statutory limit	
Brief		of America (#5232) (Checking Account)			11 U.S.C. § 522 (d)(5)
descript	tion:		\$ <u>1,244.16</u>	\$ <u>1,244.16</u>	
				100% of fair market value, up to any applicable statutory limit	
Line fro		17.4		arry applicable statutory little	
Schedu		ase (Other (Credit Union, Health Savings Account,			11 USC § 522(d)(5)
Brief descript	etc)) tion:		\$ <u>0.93</u>	₽ \$ 0.93	
				100% of fair market value, up to	
Line fro		17.5		any applicable statutory limit	
	Robinl	nood (Other (Credit Union, Health Savings			11 USC § 522(d)(5)
Brief descript		nt, etc))	\$ <u>0.00</u>	▽ \$ 0.00	
Line fro				100% of fair market value, up to	
Schedu		17.6		any applicable statutory limit	
Brief	Merrill	Lynch (Brokerage)	0.00		11 USC § 522(d)(5)
descript	tion:		\$0.83	\$ 0.83	
				100% of fair market value, up to any applicable statutory limit	
Line fro		18		•	
Brief	SoFi -				11 USC § 522(d)(12)
descript	tion:		\$ <u>1.00</u>	\$ 1.00	
Lino for	m			100% of fair market value, up to any applicable statutory limit	
Line fro Schedu		21		any apphoable statutory illill	

Marco Solomon Gagliardi Document Page 10 of 41 Case number (# known) 22-11615

Debtor

Part 2:

Additional Page

		tion of the property and line A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	exemption you claim Check only one box	Specific laws that allow exemption
	Marrill	Lynch 401k	Scriedule A/D	for each exemption	14 1100 0 500(1)(10)
		LYNON 40 IK	\$ <u>27,800.00</u>	\$ 27,800.00 100% of fair market value, up to any applicable statutory limit	11 USC § 522(d)(12)
Sch	edule A/B:	21		any applicable statutory in in	
Line	f 2020 I cription: from edule A/B:	ax Refund (owed to debtor) 28	\$3,559.00	\$\frac{3,559.00}{100\% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522 (d)(5)
	2021 T	ax Refund (owed to debtor)			11 U.S.C. § 522 (d)(5)
Brie desc	cription:		\$ <u>451.00</u>	\$\frac{451.00}{100\% of fair market value, up to)
	from			any applicable statutory limit	
Brie	edule A/B: Potenti f debtor) cription:	28 al 2022 Tax Refund (Based upon 2021) (owed to	\$450.00	\$ 450.00	11 U.S.C. § 522 (d)(5)
	from edule A/B:	28		100% of fair market value, up to any applicable statutory limit	
Brie		le Back Unemployment Payment (owed to debtor)	\$1,200.00	\$ 1,200.00	11 USC § 522(d)(10)(a)
desc	cription:		\$ 1,200.00	= '	
	from edule A/B:	30		100% of fair market value, up to any applicable statutory limit	
Brie	•				
desc	cription:		\$	\$ 100% of fair market value, up to	0
	from edule A/B:			any applicable statutory limit	
Brie desc	f cription:		\$	\$ \$ 100% of fair market value, up to	
	from edule A/B:			any applicable statutory limit	J
Brie desc	f cription:		\$	\$	
	from edule A/B:			100% of fair market value, up to any applicable statutory limit	0
Brie desc	f cription:		\$	\$	
	from edule A/B:			100% of fair market value, up to any applicable statutory limit	
Brie desc	f cription:		\$	\$	
	from edule A/B:			100% of fair market value, up to any applicable statutory limit)
Brie desc	f cription:		\$	\$100% of fair market value, up to any applicable statutory limit	
	from edule A/B:			ану аррисаме зіашогу ііПІІІ	
	cription:		\$	\$100% of fair market value, up to	
	from edule A/B:			any applicable statutory limit	

Case 22-11615-mdc Doc 13 Filed 07/31/22 Entered 07/31/22 14:18:14 Desc Main Document Page 11 of 41

Fill in this in	nformation to i	dentify your case	e:
Debtor 1	Marco Solomo	on Gagliardi	
Debioi 1	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if f	iling) First Name	Middle Name	Last Name
United State	es Bankruptcy C	ourt for the: East	ern District of Pennsylvania
Case number (if know)	er 22-11615		

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - ✓ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below.

Part 1: List

List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A
Amount of
claim Do not
deduct the value
of collateral.

Column B
Value of
collateral that
supports this
claim

Column C Unsecured portion If any

Add the dollar value of your entries in Column A on this page. Write that number here:

\$ 0.00

Part 2:

List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Case 22-11615-mdc Doc 13 Filed 07/31/22 Entered 07/31/22 14:18:14 Desc Main Document Page 12 of 41

		Doddinent 1 ago 12 of 41	
Fill in	this information to identify your case:		
Debto	Marco Solomon Gagliardi		
Debit	First Name Middle Name Last Na	me	
Debto	The state of the s		
(Spot	ISE, if filing) First Name Middle Name L	ast Name	
United	d States Bankruptcy Court for the: Eastern Distric	et of Pennsylvania	
0	and a		☐ Check if this is
(if kno	number 22-11615	'	an amended
(filing
∩ffi	cial Form 106E/F		
Sc	hedule E/F: Creditors W	ho Have Unsecured Claims	12/15
	•	for creditors with PRIORITY claims and Part 2 for creditors with NONPRIOR eases that could result in a claim. Also list executory contracts on Schedul	
		Contracts and Unexpired Leases (Official Form 106G). Do not include any	
•	•	: Creditors Who Have Claims Secured by Property. If more space is needed	
	ame and case number (if known).	e left. Attach the Continuation Page to this page. On the top of any addition	ai pages, write
Part 1		ima	
	any creditors have priority unsecured claims a No. Go to Part 2.	gainst you?	
		I Olaima	
Part 2	List All of Your NONPRIORITY Unsecured	Claims	
3. Do a	any creditors have nonpriority unsecured clain	ns against you?	
	lo. You have nothing else to report in this part	. Submit to the court with your other schedules.	
✓ A	es. Fill in all of the information below.		
4. Lis	t all of your nonpriority unsecured claims in th	ne alphabetical order of the creditor who holds each claim. If a creditor has n	nore than one
		ely for each claim. For each claim listed, identify what type of claim it is. Do not lis particular claim, list the other creditors in Part 3.If you have more than three nonpi	
	ms fill out the Continuation Page of Part 2.	balloular claim, list the other creditors in Part 3.11 you have more than three north	ionty unsecured
			Total claim
			rotal olalli
4.1	Affirm, Inc	Last 4 digits of account number YEUI	\$ <u>148.90</u>
	Nonpriority Creditor's Name	When was the debt incurred? 04/05/2022	
	Attn: Bankruptcy Number Street	As of the date you file, the claim is: Check all that apply.	
	30 Isabella St, Floor 4	Contingent	
-	or loadella ot, Floor F	☐ Unliquidated ☐ Disputed	
	Pittsburgh PA 15212	Disputed	
	City State ZIP Code	Type of NONPRIORITY unsecured claim:	
	Who owes the debt? Check one.	Student loans Obligations arising out of a separation agreement or divorce	
	☑ Debtor 1 only ☐ Debtor 2 only	that you did not report as priority claims	
	Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
	At least one of the debtors and another	✓ Other. Specify Affirm payment plan on purchase	
	Check if this claim relates to a community debt		
	Is the claim subject to offset?		
	✓ No		
	Yes		

Page 13 of 41 Document Last 4 digits of account number 3428 4.2 \$ 264.00 AR Resources Inc When was the debt incurred? 07/28/2021 Nonpriority Creditor's Name Attn: Bankruptcy As of the date you file, the claim is: Check all that apply. Number Street Contingent PO Box 1056 ☐ Unliquidated Disputed Blue Bell PA 19422 ZIP Code State Type of NONPRIORITY unsecured claim: Student loans Who owes the debt? Check one. Obligations arising out of a separation agreement or divorce Debtor 1 only that you did not report as priority claims Debtor 2 only Debts to pension or profit-sharing plans, and other similar Debtor 1 and Debtor 2 only debts At least one of the debtors and another Other. Specify Collection Agency Check if this claim relates to a community Is the claim subject to offset? ✓ No ☐ Yes Last 4 digits of account number 4726 4.3 \$ 20,612.98 Bank of America - Merrill Lynch When was the debt incurred? 01/06/2017 Nonpriority Creditor's Name Attn: Bankruptcy As of the date you file, the claim is: Check all that apply. Number Street Contingent 4909 Savarese Circle Unliquidated Disputed Tampa FL 33634 State ZIP Code Type of NONPRIORITY unsecured claim: City ☐ Student loans Who owes the debt? Check one. Obligations arising out of a separation agreement or divorce Debtor 1 only that you did not report as priority claims Debtor 2 only Debts to pension or profit-sharing plans, and other similar Debtor 1 and Debtor 2 only At least one of the debtors and another Other. Specify Credit Card Debt ☐ Check if this claim relates to a community debt Is the claim subject to offset? ✓ No ☐ Yes Last 4 digits of account number 8093 4.4 \$ 755.00 Beautiful Minds Medical, Inc. When was the debt incurred? 08/31/2020 Nonpriority Creditor's Name 13300 New Airport Rd. As of the date you file, the claim is: Check all that apply. Number Street Contingent Suite 100 Unliquidated Disputed Auburn CA 95602-7407 City State ZIP Code Type of NONPRIORITY unsecured claim: Student loans Who owes the debt? Check one. Obligations arising out of a separation agreement or divorce Debtor 1 only that you did not report as priority claims Debtor 2 only Debts to pension or profit-sharing plans, and other similar Debtor 1 and Debtor 2 only At least one of the debtors and another Other. Specify Medical Services Check if this claim relates to a community Is the claim subject to offset? **✓** No

CMARCA SP2 Transport Tran	ajin
Citi Bank N.A Citi Cards Nonpriority Creditor's Name Last 4 digits of account number 6610 When was the debt incurred? 06/15/2010	\$ <u>6,835.2</u>

4.5	OW Book N.A. OW Conde	Last 4 digits of account number 6610	\$ 6,835.23
	Citi Bank N.A Citi Cards Nonpriority Creditor's Name	When was the debt incurred? 06/15/2010	ψ <u>0,033.23</u>
		A confidence of the other delivers of the ot	
	Attn: Bankruptcy Number Street	As of the date you file, the claim is: Check all that apply.	
	P.O. Box 790034	Contingent	
	1.0. 000 730004	Unliquidated	
	Saint Louis MO 63179	Disputed	
	City State ZIP Code	Type of NONPRIORITY unsecured claim:	
	Who owes the debt? Check one.	Student loans	
	Debtor 1 only	Obligations arising out of a separation agreement or divorce	
	Debtor 2 only	that you did not report as priority claims	
	Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar	
	Ξ ΄	debts	
	At least one of the debtors and another	Other. Specify Credit Card Debt	
	Check if this claim relates to a community debt		
	Is the claim subject to offset?		
	√ No		
	Yes		
		Last 4 digits of account number 5SDL	
4.6	Cross River Bank	When was the debt incurred? 12/01/2021	\$ <u>255.39</u>
	Nonpriority Creditor's Name	when was the dept incurred? 12/01/2021	
	885 Teaneck Rd.	As of the date you file, the claim is: Check all that apply.	
	Number Street	Contingent	
	Teaneck, NJ NJ 07666	Unliquidated	
	City State ZIP Code	Disputed	
	Who owes the debt? Check one.		
	Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	Debtor 2 only	Student loans	
	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or divorce	
	At least one of the debtors and another	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar	
	☐ Check if this claim relates to a community	debts	
	debt	Other. Specify Affirm payment plan on purchase	
	Is the claim subject to offset?		
	☑ No		
	Yes		
4.7	Del Obispo Youth Baseball, Inc	Last 4 digits of account number 0199	\$ Unknown
	Nonpriority Creditor's Name	When was the debt incurred? 04/06/2022	·
	C/O Morgan & Morgan	As of the date you file, the claim is: Check all that apply.	
	Number Street	Contingent	
	711 Van Ness Avenue, Suite 500	✓ Unliquidated	
	·	Disputed	
	San Francisco CA 94102	Disputed	
	City State ZIP Code	Type of NONPRIORITY unsecured claim:	
	Who owes the debt? Check one.	Student loans	
	Debtor 1 only	Obligations arising out of a separation agreement or divorce	
	Debtor 2 only	that you did not report as priority claims	
	Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
	At least one of the debtors and another	Other. Specify Judgment Liens	
	Check if this claim relates to a community		
	debt		
	Is the claim subject to offset?		
	✓ No		
	Yes		

Debtor CMARCA Solomon Condigration Doc 13 Filed 07/31/22 Entered 07/31/22 44 41 11/18 Per Condition of the C

ა	Filed 07/31	122	FUIGLEO 01/37/55 TATION DESCRIPTION DESCRI
	Document	Pag	ie 15 of 41

		Document Page 15 of 41	
4.8	Dinsmore and Shohl LLP Nonpriority Creditor's Name	Last 4 digits of account number 6811 When was the debt incurred? 2020-2021	\$ <u>36,900.00</u>
	PO Box 63903	As of the date you file, the claim is: Check all that apply.	
	Number Street	Contingent	
	Cincinnati OH 45263-9038	Unliquidated	
	City State ZIP Code	☐ Disputed	
	Who owes the debt? Check one.		
	Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	Debtor 2 only	☐Student loans	
	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or divorce	
	At least one of the debtors and another	that you did not report as priority claims	
	Check if this claim relates to a community	Debts to pension or profit-sharing plans, and other similar debts	
	debt	✓ Other. Specify Legal Services	
	Is the claim subject to offset?	_ c.i.c.i cpccii, logai co.i.ccc	
	✓ No		
	Yes		
4.9	Discover Student Leans	Last 4 digits of account number 4121	\$ 130,709.94
	Discover Student Loans Nonpriority Creditor's Name	When was the debt incurred? 11/08/2012	ψ <u>100,100.54</u>
	Attn: Bankruptcy	As of the date you file, the claim is: Check all that apply.	
	Number Street	Contingent	
	PO Box 30948		
	1 0 20x 000 10	Unliquidated	
	Sal Lake City UT 84130	Disputed	
	City State ZIP Code	Type of NONPRIORITY unsecured claim:	
	Who owes the debt? Check one.	✓ Student loans	
	Debtor 1 only	Obligations arising out of a separation agreement or divorce	
	= '	that you did not report as priority claims	
	Debtor 2 only	☐ Debts to pension or profit-sharing plans, and other similar	
	Debtor 1 and Debtor 2 only	debts	
	At least one of the debtors and another	Other. Specify	
	Check if this claim relates to a community debt		
	Is the claim subject to offset?		
	✓ No		
	Yes		
4.10		Last 4 digits of account number 97-1	¢ 755.00
4.10	Malvern Behavioral Health Nonpriority Creditor's Name	When was the debt incurred?	\$ <u>755.00</u>
	• •		
	PO Box 1043	As of the date you file, the claim is: Check all that apply.	
	Number Street	Contingent	
	Blue Bell PA 19422-0270 City State ZIP Code	Unliquidated	
	,	Disputed	
	Who owes the debt? Check one.	Type of NONPRIORITY unsecured claim:	
	Debtor 1 only	Student loans	
	Debtor 2 only	Obligations arising out of a separation agreement or divorce	
	Debtor 1 and Debtor 2 only	that you did not report as priority claims	
	At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar	
	Check if this claim relates to a community debt	debts Other Specify Medical Services	
	Is the claim subject to offset?	Other. Specify Medical Services	
	✓ No		
	Yes		

Debtor

mdc Name	Doc 13	Filed 07/32	L/22	Entered 07/3	31/22°a%4qqulh8geqq	#4now D
 				ie 16 of 41		

		Document Page 10 01 41	
4.11	Mohela/U.S. Department of Education Nonpriority Creditor's Name Attn: Bankruptcy Number Street	Last 4 digits of account number 0241 When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent	\$ <u>19,466.50</u>
	633 Spirit Drive		
	633 Spirit Drive	Unliquidated	
	Observed and MO COOOF	Disputed	
	Chesterfield MO 63005	T (NONDRIGDITY	
	City State ZIP Code	Type of NONPRIORITY unsecured claim:	
	Who owes the debt? Check one.	✓ Student loans	
	✓ Debtor 1 only	Obligations arising out of a separation agreement or divorce	
	Debtor 2 only	that you did not report as priority claims	
	Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
	At least one of the debtors and another	Other. Specify	
	Check if this claim relates to a community		
	debt		
	Is the claim subject to offset?		
	✓ No		
	☐ Yes		
4.12	Synchrony Bank	Last 4 digits of account number 0330	\$ 4,794.04
$\overline{}$	Nonpriority Creditor's Name	When was the debt incurred?	· <u></u>
	P.O. Box 960061	As of the date you file the plains in Check all that apply	
	Number Street	As of the date you file, the claim is: Check all that apply.	
		Contingent	
	Orlando FL 32896-0061 City State ZIP Code	Unliquidated	
	•	Disputed	
	Who owes the debt? Check one.	Towns of MONDRIORITY and a served a lainer	
	Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	Debtor 2 only	Student loans	
	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or divorce	
	At least one of the debtors and another	that you did not report as priority claims	
	Check if this claim relates to a community	Debts to pension or profit-sharing plans, and other similar debts	
	debt	Other. Specify Credit Card Debt	
	Is the claim subject to offset?		
	✓ No		
	Yes		
		Last 4 digits of account number	
4.13	Synchrony Bank - Amazon		\$ <u>0.00</u>
	Nonpriority Creditor's Name	When was the debt incurred?	
	Attn: Bankruptcy	As of the date you file, the claim is: Check all that apply.	
	Number Street	Contingent	
	PO Box 965060	Unliquidated	
		Disputed	
	Orlando FL 32896	Disputed	
	City State ZIP Code	Type of NONPRIORITY unsecured claim:	
	Who owes the debt? Check one.	Student loans	
	_	Obligations arising out of a separation agreement or divorce	
	Debtor 1 only	that you did not report as priority claims	
	Debtor 2 only	Debts to pension or profit-sharing plans, and other similar	
	Debtor 1 and Debtor 2 only	debts	
	At least one of the debtors and another	Other. Specify Credit Card Debt	
	Check if this claim relates to a community debt		
	Is the claim subject to offset?		
	✓ No		
	Yes		
	_		

page 5 of 8

Charge Solomen Geglierd Hold Doc 13 Filed 07/31/22 Entered 07/31/2244118e114knowDesc1Masin Debtor Page 17 of 41 Document Last 4 digits of account number 0279 4.14 \$ 4,794.00 Synchrony Bank - PPC When was the debt incurred? 02/07/2020 Nonpriority Creditor's Name Attn: Bankruptcy As of the date you file, the claim is: Check all that apply. Number Street Contingent PO Box 965060 ☐ Unliquidated Disputed Orlando FL 32896 ZIP Code Citv State Type of NONPRIORITY unsecured claim: Student loans Who owes the debt? Check one. Obligations arising out of a separation agreement or divorce Debtor 1 only that you did not report as priority claims Debtor 2 only Debts to pension or profit-sharing plans, and other similar Debtor 1 and Debtor 2 only debts At least one of the debtors and another Other. Specify Credit Card Debt ☐ Check if this claim relates to a community Is the claim subject to offset? ✓ No ☐ Yes Last 4 digits of account number 4067 4.15 \$ 1,469.35 Upstart Loan Operations/ FinWise Bank When was the debt incurred? 01/31/2022 Nonpriority Creditor's Name Attn: Bankruptcy As of the date you file, the claim is: Check all that apply. Number Street Contingent P.O. Box 1503 ■ Unliquidated Disputed San Carlos CA 94070 ZIP Code Type of NONPRIORITY unsecured claim: City State Student loans Who owes the debt? Check one. Obligations arising out of a separation agreement or divorce Debtor 1 only that you did not report as priority claims Debtor 2 only Debts to pension or profit-sharing plans, and other similar Debtor 1 and Debtor 2 only At least one of the debtors and another Other. Specify Personal Loan ☐ Check if this claim relates to a community debt Is the claim subject to offset? ✓ No ☐ Yes Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a

AR Resources Inc	On which entry in Part 1 or	Part 2 did you list the original creditor?
Creditor's Name 1777 SENTRY PKWY W	Line 4.2 of (Check one):	Part 1: Creditors with Priority Unsecured Claims
Number Street Blue Bell PA 19422		✓ Part 2: Creditors with Nonpriority Unsecured
City State ZIP Code	Last 4 digits of account nu	mber 3428
Affirm Loan Services	On which entry in Part 1 or	Part 2 did you list the original creditor?
Creditor's Name 550 California St.	Line 4.1 of (Check one):	Part 1: Creditors with Priority Unsecured Claims
Number Street		✓ Part 2: Creditors with Nonpriority Unsecured
San Francisco CA 94108	Claims	
City State ZIP Code	Last 4 digits of account nu	mber XTFF
Citi Cards/ Citi Bank N.A.	On which entry in Part 1 or	Part 2 did you list the original creditor?
Creditor's Name	Line 4.5 of (Check one):	Part 1: Creditors with Priority Unsecured Claims
P.O. Box 6004 Number Street		Part 2: Creditors with Nonpriority Unsecured
Sioux Falls SD 57117	Oledwa	<u> </u>
City State ZIP Code	Claims	

Debtor

Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim. Total claim			Last 4 digits of account nu	mber 6610
P.O. Box 30048 Line 4.9 of (Check one): Part 1: Creditions with Priority Unsecured Claims			On which entry in Part 1 or	Part 2 did you list the original creditor?
Part 2: Creditors with Nonpriority Unsecured			Line 4.9 of (Check one):	Part 1: Craditors with Priority Unsecured Claims
Salt Lake City UT				-
Last 4 digits of account number Merrill Lynch/ Bank of America			Ole 'ere	France: Greaters wat Nonphority Griscoured
Merril Lynch/ Bank of America Consider's Name P.O. Box 15294 Withington DE 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850 19850	-	•		
Claims Part 1: Creditors with Priority Unsecured Claims Part 1: Creditors with Priority Unsecured Claims Part 1: Creditors with Nonpriority Unsecured Claims Part 1: Creditors with Priority Unsecured Claims Part 1: Creditors with Priority Unsecured Claims Part 1: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 3: Part 3: Creditors with Nonpriority Unsecured Claims Part 3: Part 3: Creditors with Nonpriority Unsecured Claims Part 3: Part 3: Creditors with Nonpriority Unsecured Claims Part 3: Part 3: Creditors with Nonpriority Unsecured Claims Part 3: Part 3: Creditors with Nonpriority Unsecured Claims Part 3: Part 3: Creditors with Nonpriority Unsecured Claims Part 3: Part 3: Creditors with Nonpriority Unsecured Claims Part 3: Part 3: Creditors with Nonpriority Unsecured Claims Part 3: Part 3: Creditors with Nonpriority Unsecured Claims Part 3: Part 3: Creditors with Nonpriority Unsecured Claims Part 3: Part 3: Creditors with Nonpriority Unsecured Claims Part 3: Credito	,		Last 4 digits of account nu	mber
P.O. Box 15284 Line 4.3 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 3: Creditors with Priority Unsecured Claims Part 3: Creditors with Nonpriority Unsecured Claims Part 3:			On which entry in Part 1 or	Part 2 did you list the original creditor?
Nelson & Franklin LLP Coeditor's Name Creation's Name Los Angeles CA 90017 City State 2/P Code Claims Los Angeles CA 90017 City State 2/P Code Claims Coeditor's Name Coedit			Line 4.3 of (Check one):	Deart 1: Creditors with Priority Unsecured Claims
Claims C				_
Last 4 digits of account number 4726			Ole 'ere	Trait 2. Greaters war Homphority Greeceards
Nelson & Franklin LLP Creditor's Name Creckiner N. Nelson , Esq. Number Street No. Amen Creckiner N. Nelson , Esq. State 2 if Code Claims Last 4 digits of account number 0199 Claims Claims Claims Synchrony Bank Claims Last 4 digits of account number 0199 Claims Claims Last 4 digits of account number 0199 Total the amounts for Each Type of Unsecured Claims Total the amounts for Each Type of Unsecured Claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claims. Write that amount for each type of unsecured claims. Write that amount here. 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6e. Total. Add the sa through 6d.			Claims	
Creation's Name Gretchen M. Nelson , Esq. Line 4.7 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Los Angeles CA 90017 City State ZIP Code Ra O. Amen Creditor's Name 201 N. Franklin Street, 7th Floor Number Street Tampa FL 33602 City State ZIP Code Synchrony Bank Creditor's Name Creditor's Name 201 N. Franklin Street, 7th Floor Last 4 digits of account number 0199 Synchrony Bank Creditor's Name Claims Last 4 digits of account number 0199 Synchrony Bank Creditor's Name Claims Last 4 digits of account number 0199 Claims Last 4 digits of account number 0390 Line 4.7 of (Check one): Part 1: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Last 4 digits of account number 0330 Last 4 digits of account number 040 Claims Last 4 digits of account number 040 Claims Last 4 digits of account number 059 Last 4 digits of acco	,		Last 4 digits of account nu	mber 4726
Cerection M. Nelson , Esq. Number Street Streets, Suite 2050 Claims			On which entry in Part 1 or	Part 2 did you list the original creditor?
Claims Last 4 digits of account number 199			Line 4.7 of (Check one):	Dowt 1. Craditary with Drivity Hanney and Claims
Claims Los Angeles CA 90017 City State ZIP Code Ra O Amen Creditor's Name Col N. Franklin Street, 7th Floor Number Street Tampa FL 33602 City Sname Creditory Name Coreditor's Name Col N. Franklin Street, 7th Floor Number Street Tampa FL 33602 City Sname Col De Box 965036 Number Street City State ZIP Code Synchrony Bank Coreditor's Name Col Po Box 965036 Number Street City State ZIP Code City State ZIP Code Claims Last 4 digits of account number 0199 Synchrony Bank Coreditor's Name Col Po Box 965036 Number Street City State ZIP Code Claims Last 4 digits of account number 0199 Claims Last 4 digits of account number 0199 Claims Last 4 digits of account number 0199 Claims Line 4.14 of (Check one): Part 1 or Part 2 did you list the original creditor? Creditor's Name City State ZIP Code Claims Last 4 digits of account number 0390 Claims Last 4 digits of account number 0330 Total the amounts for Each Type of Unsecured Claims Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Total claims 6a. Domestic support obligations 6b. \$ 0.00 covernment 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6e. Total. Add lines 6a through 6d.			tille 4.1 of (Check one).	_
Last 4 digits of account number 0199 City State ZiP Code				Part 2. Creditors with Nonphority Onsecured
Ra O. Amen	601 S. FIG	ueroa Street., Suite 2050	Claims	
City State ZIP Code Ra O. Amen Creditor's Name Coll N. Franklin Street, 7th Floor Number Street Tampa FL 33602 City State ZIP Code Synchrony Bank Creditor's Name Creditor's	Los Angel	es CA 90017	Last 4 digits of account nu	mber 0199
Creditor's Name 201 N. Franklin Street, 7th Floor Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims				
Creditor's Name 201 N. Franklin Street, 7th Floor Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims	Do O Am	on		
Claims C			On which entry in Part 1 or	Part 2 did you list the original creditor?
Part 2: Creditors with Nonpriority Unsecured Part 2: Creditors with Nonpriority Unsecured Part 2: Creditors with Nonpriority Unsecured Claims	201 N. Fra	anklin Street. 7th Floor	Line 4.7 of (Check one):	Part 1: Creditors with Priority Unsecured Claims
Synchrony Bank				
Synchrony Bank Creditor's Name C/O P Box 965036 Number Street City State ZIP Code City State ZIP Code City State Total the amounts for Each Type of Unsecured Claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claims. Total claims on Part 1 6a. Domestic support obligations 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6e. Total. Add lines 6a through 6d. Con which entry in Part 1 or Part 2 did you list the original creditor? Line 4.14 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 1: Creditors with Priority Unsecured Claims Last 4 digits of account number 0330 Claims Last 4 digits of account number 0330 Total the amounts for Each Type of Unsecured Claims Total claim For statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.	Tampa FL	33602	Claims	
Synchrony Bank Creditor's Name C/O PO Box 965036 Number Street Orlando FL 32896 City State ZIP Code City State ZIP Code Code the amounts of certain types of unsecured Claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claims. Total claims On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.14 of (Check one): Part 1: Creditors with Priority Unsecured Claims Claims Last 4 digits of account number 0330 Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Total claim On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.14 of (Check one): Part 1: Creditors with Priority Unsecured Claims Claims Last 4 digits of account number 0330 Total claim Total claim On Which entry in Part 1 or Part 2 did you list the original creditor? Line 4.14 of (Check one): Part 1: Creditors with Priority Unsecured Claims Claims Last 4 digits of account number 0330 Total claim Total claim On On Which entry in Part 1 or Part 2 did you list the original creditor? Line 4.14 of (Check one): Part 1: Creditors with Priority Unsecured Claims Claims Last 4 digits of account number 0330	City Sta	ate ZIP Code	Last 4 digits of account nu	mber 0199
Cride the amounts for each type of unsecured claims. Total the amounts for each type of unsecured claims. Total claims Total claims 6a. Domestic support obligations 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6e. Total. Add lines 6a through 6d.				
C/O Po Box 965036 Number Street Orlando FL 32896 City State ZIP Code Add the Amounts for Each Type of Unsecured Claims Last 4 digits of account number 0330 Add the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Total the amounts for each type of unsecured claim. Total claim oral claims by Bart 1: Creditors with Priority Unsecured Claims Claims Last 4 digits of account number 0330 Total the amounts for each type of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Total claim oral claims oral claims 6a. Domestic support obligations 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6e. Total. Add lines 6a through 6d. 6e. Total. Add lines 6a through 6d.			On which entry in Part 1 or	Part 2 did you list the original creditor?
Number Street Orlando FL 32896 City State ZIP Code Claims Last 4 digits of account number 0330 Add the Amounts for Each Type of Unsecured Claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Total claims on Part 1 6a. Domestic support obligations 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6e. Total. Add lines 6a through 6d. 6e. Total. Add lines 6a through 6d. 6e. Total. Add lines 6a through 6d.			Line 4.14 of (Check one):	Part 1: Creditors with Priority Unsecured Claims
Orlando FL 32896 City State ZIP Code Last 4 digits of account number 0330 art 4: Add the Amounts for Each Type of Unsecured Claims Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim. Total claim oral claims oral claims 6a. Domestic support obligations 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6e. Total. Add lines 6a through 6d. 6e. Total. Add lines 6a through 6d.				✓ Part 2: Creditors with Nonpriority Unsecured
Last 4 digits of account number 0330 Add the Amounts for Each Type of Unsecured Claim Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim. Total claim On Part 1 6a. Domestic support obligations 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6e. Total. Add lines 6a through 6d. 6e. Total. Add lines 6a through 6d.			Claims	
Add the Amounts for Each Type of Unsecured Claims Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim. Total claim 6a. Domestic support obligations 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6e. Total. Add lines 6a through 6d. 6e. Total. Add lines 6a through 6d.	City S	tate ZIP Code		
Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claims. Total claim 6a. Domestic support obligations 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6e. Total. Add lines 6a through 6d. 6e.			Last 4 digits of account nu	mber 0330
Add the amounts for each type of unsecured claim. Total claims Total claim 6a. Domestic support obligations 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6e. Total. Add lines 6a through 6d.	art 4: Ad	d the Amounts for Each Type of Unsecured Claim		
6a. Domestic support obligations 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6e. Total. Add lines 6a through 6d. 6a. \$ 0.00 6b. \$ 0.00 6c. \$ 0.00 6d. \$ 0.00 6d. \$ 0.00 6d. \$ 0.00			information is for statistica	l reporting purposes only. 28 U.S.C. § 159.
6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6e. Total. Add lines 6a through 6d.				Total claim
6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6e. Total. Add lines 6a through 6d.	otal claims	6a. Domestic support obligations	6a. \$ (0.00
6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6e. Total. Add lines 6a through 6d. 6c. \$ 0.00	om Part 1	-	6b. \$ <u>(</u>	0.00
6d. Other. Add all other priority unsecured claims. Write that 6d. \$ 0.00 amount here. 6e. Total. Add lines 6a through 6d. 6e.		6c. Claims for death or personal injury while yo	u were 6c. \$ <u>(</u>	0.00
6e. Total. Add lines 6a through 6d.		6d. Other. Add all other priority unsecured claims.	Write that 6d. \$ 0	0.00
6e. Total. Add lines 6a through 6d. 6e. \$ 0.00				
<u> </u>		6e. Total. Add lines 6a through 6d.	6e.	3 0 00
			Ψ	, <u>6.65</u>

Debtor

C<u>Marca Sphore programmed in the programmed sector of the proof of the programmed sector of the programmed sector of the proof of the programmed sector of the programmed </u>

				Total claim
Total claims from Part 2	6f. Student loans	6f.	\$	150,176.44
HOIH Fait 2	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	77,583.89
	6j. Total. Add lines 6f through 6i.	6j.	Ş	\$ 227,760.33

Case 22-11615-mdc Doc 13 Filed 07/31/22 Entered 07/31/22 14:18:14 Desc Main Document Page 20 of 41

Fill in this	information to	identify your case	:
Debtor 1	Marco Solom	non Gagliardi	
Dobto. 1	First Name	Middle Name	Last Name
	f filing) First Name	Middle Name	Last Nam
United Sta	tes Bankruptcy	Court for the: Easte	ern District of P
Case num (if know)	ber 22-11615		

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is
 for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of
 executory contracts and unexpired leases.

Person or company with whom you have the contract or lease State what the contract or lease is for

Case 22-11615-mdc Doc 13 Filed 07/31/22 Entered 07/31/22 14:18:14 Desc Main Document Page 21 of 41

Fill in this	information to	identify your cas	se:	
Debtor 1	Marco Solom	non Gagliardi		
2 5 5 10 1	First Name	Middle Name	Last Name	
	filing) First Name tes Bankruptcy	Middle Name Court for the: Eas	Last Name	ısylvania
Case numl (if know)	ber 22-11615			

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either	er spouse as a codebtor.)
✓ No	
Yes	
2. Within the last 8 years, have you lived in a community property state of Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Te	
☐ No. Go to line 3.	
✓ Yes. Did your spouse, former spouse, or legal equivalent live with you at	the time?
No	
Yes. In which community state or territory did you live? CA . Fill in	n the name and current address of that person.
Kelia Gagliardi	
Name of your spouse, former spouse, or legal equivalent	
 	
Number Street	
City State ZIP Code	
3. In Column 1, list all of your codebtors. Do not include your spouse as	
shown in line 2 again as a codebtor only if that person is a guarantor of	
Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), Schedule E/F, or Schedule G to fill out Column 2.	or Schedule G (Official Form 106G). Use Schedule D,
Solicatic En , or Schedule S to fill out Column 2.	
Column 1: Your codebtor	Column 2: The creditor to whom you owe the debt
	Check all schedules that apply:

Case 22-11615-mdc Doc 13 Filed 07/31/22 Entered 07/31/22 14:18:14 Desc Main Document Page 22 of 41

Fill in this information to identify	your case:				
Marco Solomon	Gagliardi				
Debtor 1 First Name	Middle Name	Last Name			
Debtor 2 (Spouse, if filing) First Name	Middle Name	Last Name			
United States Bankruptcy Court for the:	Eastern District of Pennsyl	Ivania			
Case number 22-11615		,		Check if t	this is:
(If known)					nended filing
					plement showing postpetition chapter 13
Official Farms 4001				incom	e as of the following date:
Official Form 106I				MM / [DD / YYYY
Schedule I: You	ir Income				12/15
supplying correct information. If yo	ou are married and not fili ise is not filing with you, o top of any additional pag	ng jointly, and yo	ur spouse ormation a	is living with bout your spo	or 2), both are equally responsible for you, include information about your spouse. buse. If more space is needed, attach a known). Answer every question.
Fill in your employment					
information.		Debtor 1			Debtor 2 or non-filing spouse
If you have more than one job, attach a separate page with					
information about additional employers.	Employment status	Employed Not employ	ed		Employed Not employed
Include part-time, seasonal, or		■ Not employ	eu		■ Not employed
self-employed work.	Occupation	Line Cook			
Occupation may include student or homemaker, if it applies.	Occupation	Vetri Resta	urant Cor	p.	Caring Heart
or normality, in it approach	Employer's name			•	
		10100	0.		1010 5 (0)
	Employer's address	1312 Spruc	e St.		1210 Durfor Street Number Street
		Philadelphia	a PA 191	02	Philadelphia, PA 19148
		City		P Code	City State ZIP Code
	How long employed the	re? 1 Year And	3 Month	S	1 month
Part 2: Give Details About	Monthly Income				
		n. If you have noth	ing to report	for any line, w	rite \$0 in the space. Include your non-filing
spouse unless you are separated If you or your non-filing spouse habelow. If you need more space, a	ave more than one employe		ormation for	all employers	for that person on the lines
			F	or Debtor 1	For Debtor 2 or
2. Liet monthly weeks	one and commissions "-	fore all normall			non-filing spouse
List monthly gross wages, sald deductions). If not paid monthly,			2. \$	4,040.00	_{\$} 6,104.58
3. Estimate and list monthly over	time nav		3. +s	0.00	+ © 0.00
o. Estimate and list monthly over	ume pay.		J. \$_		· •
4. Calculate gross income. Add li	ne 2 + line 3.		4. \$_	4,040.00	\$ <u>6,104.58</u>

Debtor 1

Case 22-11615-mdc. Doc 13 Filed 07/31/22 Entered 07/31/22 14:18:14 Desc Main Marco Solomon Gagliardi Document Page 23 of 16:15 Page 23 of 16:15

		For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	→ 4.	\$ 4,040.00	\$ 6,104.58
5. List all payroll deductions:	7 4.	Ψ	Ψ
5a. Tax, Medicare, and Social Security deductions	5a.	s 896.00	_{\$} 1,638.00
5b. Mandatory contributions for retirement plans	5b.	\$ 0.00	\$ 0.00
5c. Voluntary contributions for retirement plans	5c.	\$ 0.00	\$ 0.00
5d. Required repayments of retirement fund loans	5d.	\$ 0.00	\$ 0.00
5e. Insurance	5e.	\$ 292.00	\$ 0.00
5f. Domestic support obligations	5f.	\$ 0.00	\$ 0.00
5g. Union dues	5g.	\$ 0.00	\$ 0.00
5h. Other deductions. Specify: Misc	5h.	+\$ 21.00	+ s 0.00
on: Calci deductions speedily.	011.	\$	
		\$	\$
		\$	\$
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h	. 6.	_{\$} 1,209.00	_{\$} 1,638.00
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	. o. 7.	\$ 2,831.00	\$ 4,466.58
7. Calculate total monthly take nome pay. Calculate a nominate 4.		Ψ	· · · · · · · · · · · · · · · · · · ·
8. List all other income regularly received:			
8a. Net income from rental property and from operating a business,			
profession, or farm			
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total		s 0.00	\$ 0.00
monthly net income.	8a.	Ψ	- Ψ
8b. Interest and dividends	8b.	\$0.00	\$0.00_
8c. Family support payments that you, a non-filing spouse, or a depend regularly receive	lent		
Include alimony, spousal support, child support, maintenance, divorce		\$ 0.00	\$ 0.00
settlement, and property settlement.	8c.	0.00	0.00
8d. Unemployment compensation 8e. Social Security	8d. 8e.	\$ 0.00 \$ 0.00	\$0.00 \$ 0.00
	06.	\$,
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assista	ance		
that you receive, such as food stamps (benefits under the Supplemental			
Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$ 0.00	\$0.00
	•	¢ 0.00	¢ 0.00
8g. Pension or retirement income	8g.	Ψ	. Ψ
8h. Other monthly income. Specify:	_ 8h.	+\$37.50	+\$0.00_
9. Add all other income . Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$37.50	\$0.00
10. Calculate monthly income. Add line 7 + line 9.			7,005,00
Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$ 2,868.50	+ \$ 4,466.58 = \$ 7,335.08
11. State all other regular contributions to the expenses that you list in Sche	edule .	,	
Include contributions from an unmarried partner, members of your household,			ommates, and other
friends or relatives.			
Do not include any amounts already included in lines 2-10 or amounts that are	e not a	vailable to pay expe	E00.00
Specify: Contribution from a live-in family member.			11. + \$ 500.00
12. Add the amount in the last column of line 10 to the amount in line 11. Th			l _a / 835 08
Write that amount on the Summary of Your Assets and Liabilities and Certain	Statist	ricai intormation, it it	applies 12. Sample Combined
	_	_	monthly income
13. Do you expect an increase or decrease within the year after you file this No.	torm?	•	
Yes. Explain:			

Case 22-11615-mdc Doc 13 Filed 07/31/22 Entered 07/31/22 14:18:14 Desc Main Document Page 24 of 41

Fill in this i	information to identify	your case:				
Debtor 1	Marco Solomon Gagliar	di Middle Name Last Name	Che	ck if this is:		
Debtor 2	ristrante	Wildle Name Last Name		An amended fi	ling	
(Spouse, if filing	g) First Name	Middle Name Last Name			-	etition chapter 13
United States	Bankruptcy Court for the:	Eastern District of Pennsylvania		expenses as o		
Case number (If known)	r <u>22-11615</u>		· · ·	MM / DD / YYYY		
Official	Form 106J					
Sche	dule J: Yo	ur Expenses				12/15
information.	-	ossible. If two married people are f ed, attach another sheet to this for				-
Part 1:	Describe Your Hou	ısehold				
1. Is this a jo No. G Yes. D	o to line 2. oes Debtor 2 live in a s	separate household? e Official Form 106J-2, <i>Expenses for</i>	Separate Household of De	ebtor 2.		
2. Do you ha	ve dependents?	∠ No	Dependent's relationship	a to	Dependent's	Does dependent live
Do not list Debtor 2.	Debtor 1 and	Yes. Fill out this information for	Debtor 1 or Debtor 2		age	with you?
	te the dependents'	each dependent	····			No Yes
						∐No
						∐Yes □
						No Yes
						No
						Yes
						No
				-		Yes
expenses	xpenses include of people other than nd your dependents?	V No ☐ Yes				
	•	ing Monthly Expenses				
			are using this form on a	aumalamant in	a Chantar 12 a	
_	of a date after the bar	r bankruptcy filing date unless you nkruptcy is filed. If this is a suppler	=		-	
• •		n-cash government assistance if yo	ou know the value of			
such assista	ance and have included	d it on Schedule I: Your Income (Of	fficial Form 106l.)		Your expen	nses
	al or home ownership of for the ground or lot.	expenses for your residence. Includ	de first mortgage payments	and 4.	\$	1,750.00
If not inc	luded in line 4:					0.00
4a. Rea	l estate taxes			4a.	\$	0.00
4b. Prop	perty, homeowner's, or r	renter's insurance		4b.	\$	0.00
4c. Hom	ne maintenance, repair,	and upkeep expenses		4c.	\$	100.00
4d. Hom	neowner's association o	r condominium dues		4d.	\$	0.00

Case 22-11615-mdc Doc 13 Filed 07/31/22 Entered 07/31/22 14:18:14 Desc Main Document Page 25 of 41

Debtor 1

Marco Solomon Gagliardi

First Name Middle Name Last Name

Case number (if known) 22-11615

			Your e	xpenses
5. A	additional mortgage payments for your residence, such as home equity loans	5.	\$	0.00
6. l	Jtilities:			
	Sa. Electricity, heat, natural gas	6a.	\$	200.00
6	bb. Water, sewer, garbage collection	6b.	\$	60.00
6	Sc. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	270.00
6	d. Other. Specify:	6d.	\$	0.00
7. F	Food and housekeeping supplies	7.	\$	1,100.00
3. (Childcare and children's education costs	8.	\$	0.00
). (Clothing, laundry, and dry cleaning	9.	\$	340.00
. F	Personal care products and services	10.	\$	130.00
. 1	Medical and dental expenses	11.	\$	635.00
	Fransportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$	280.00
3. I	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	10.00
. (Charitable contributions and religious donations	14.	\$	0.00
	nsurance. Do not include insurance deducted from your pay or included in lines 4 or 20.			
	5a. Life insurance	15a.	\$	0.00
	5b. Health insurance	15b.	\$	0.00
	5c. Vehicle insurance	15c.	\$	0.00
	5d. Other insurance. Specify:	15d.	\$	0.00
	Faxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	\$	0.00
. I	nstallment or lease payments:			
	7a. Car payments for Vehicle 1	17a.	\$	0.00
	7b. Car payments for Vehicle 2	17b.	\$	0.00
	7c. Other. Specify:	17c.	\$	0.00
	7d. Other. Specify:	17d.	\$	0.00
	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
9. (Other payments you make to support others who do not live with you.			
	pecify:	19.	\$	0.00
	Other real property expenses not included in lines 4 or 5 of this form or on <i>Schedule I: Your Incon</i>	ne.		
	20a. Mortgages on other property	20a.	\$	0.00
	20b. Real estate taxes	20b.	\$	0.00
	20c. Property, homeowner's, or renter's insurance	20c.		0.00
	20d. Maintenance, repair, and upkeep expenses	20d.	\$	0.00
	20e. Homeowner's association or condominium dues	20e.		0.00

Marco Solomon Gagliardi Case number (if kno	22-11615 Case number (if known)			
First Name Middle Name Last Name	,			
pecify: Wife's Expenses (Car payment, vehicle expenses, debt payment, etc.	21	1 0	1,900.00	
s, Replacement of household goods, vacations, miscellaneous.	۷۱.	+\$	100.00	
ship		+\$	106.00	
te your monthly expenses.				
lines 4 through 21.	22a.	\$	6,981.00	
ly line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a	22b.	\$		
The result is your monthly expenses.	22c.	\$	6,981.00	
your monthly net income.				
	23a.	\$	7,835.08	
by your monthly expenses from line 22c above.	23b.	- \$	6,981.00	
otract your monthly expenses from your monthly income.		Q	854.08	
eresult is your monthly net income.	23c.	Ψ		
xpect an increase or decrease in your expenses within the year after you file this form?				
Explain here: Debtor's spouse's payment of \$230 per month for dental work was a second control of the second c	will en	d in a yea	ar.	
r it d	Case number (####################################	Case number (# known) Specify: Wife's Expenses (Car payment, vehicle expenses, debt payment, etc. s, Replacement of household goods, vacations, miscellaneous. riship te your monthly expenses. d lines 4 through 21. 22a. by line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a 22b. The result is your monthly expenses. 22c. by your monthly net income. py line 12 (your combined monthly income) from Schedule I. py your monthly expenses from line 22c above. 23a. btract your monthly expenses from your monthly income. a result is your monthly net income. 23c. expect an increase or decrease in your expenses within the year after you file this form? pple, do you expect to finish paying for your car loan within the year or do you expect your experience or decrease because of a modification to the terms of your mortgage?	First Name Middle Name Last Name Specify: Wife's Expenses (Car payment, vehicle expenses, debt payment, etc. s, Replacement of household goods, vacations, miscellaneous. 11. +\$	

Case 22-11615-mdc Doc 13 Filed 07/31/22 Entered 07/31/22 14:18:14 Desc Main Document Page 27 of 41

Fill in this in	formation to id	lentify your case:		
Debtor 1	Marco Solor First Name	mon Gagliardi Middle Name	Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	
	Bankruptcy Court	for the Eastern District of Pen	nsylvania	
(If known)				

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who is NOT a	in attorney to help you fill out bankruptcy forms?
☑ No	
☐ Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and
	Signature (Official Form 119).
Under penalty of perjury I declare that I have read	the summary and schedules filed with this declaration and
that they are true and correct.	and Summary and Schedules med with this declaration and
✗ /s/ Marco Solomon Gagliardi	×
Signature of Debtor 1	Signature of Debtor 2
Date 07/31/2022	
Date MM / DD / YYYY	Date

Case 22-11615-mdc Doc 13 Filed 07/31/22 Entered 07/31/22 14:18:14 Desc Main Document Page 28 of 41

Fill in this information to identify your case:						
Debtor 1	Marco Solomon Gagliardi					
Debior 1	First Name	Middle Name	Last Name			
Debtor 2 (Spouse, if filin	g) First Name	Middle Name	Last Name			
United States I	Bankruptcy Court	for the: Eastern District	of Pennsylvania			
Case number (if know)	22-11615					

☐ Check if this is
an amended
filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Married Not married			
ring the last 3 years, have you lived any	where other than where you li	ive now?	
No			
Yes. List all of the places you lived in the l	ast 3 years. Do not include when	re you live now.	
Debtor 1:	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
		Same as Debtor 1	☐ Same as Debt
	From 01/08/2021		_
1512 Spruce St.	To 04/07/2022		From To
Number Street	- <u>- · · · · · · · · · · · · · · · · · ·</u>	Number Street	10
#2305		City State ZIP Code	
Philadelphia PA 19102			
City State ZIP Code			
		☐ Same as Debtor 1	☐ Same as Debt
	From 07/01/2020		_
511 Linden Ave.	To 12/24/2020		From To
Number Street Grass Valley CA 95948		Number Street	
City State ZIP Code		City State ZIP Code	
		C Company of Dahton 1	□ C D-h-
		Same as Debtor 1	Same as Debt
2 Stuyvesant Oval	From <u>05/01/2019</u> To 10/01/2019		From
Number Street	10 10/01/2019	Number Street	To
Apt 7 G		City State 7ID Code	
New York NY 10009		City State ZIP Code	
City State ZIP Code			
		Same as Debtor 1	☐ Same as Debt
	From 10/02/2010		_
2510 W. Temple St., Apt 213	From <u>10/02/2019</u> To 06/30/2020		From To
Number Street	<u></u>	Number Street	10
Los Angeles CA 90026 City State ZIP Code		City State ZIP Code	
Sity State Zii Gode		Oity State ZIF Code	

Case 22-11615-mdc Doc 13 Filed 07/31/22 Entered 07/31/22 14:18:14 Desc Main Marco Solomon Gagliardi Pirst Name Middle Name Last Name Document Page 29 of 41 Case number(if known) 22-11615

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community				
property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)				
No				
✓ Yes. Make sure you fill out <i>Schedule H: Your Codebtors</i> (Official Form 106H)				
Part 2: Explain the Sources of Your Income				
4. Did you have any income from employment or fill in the total amount of income you received from If you are filing a joint case and you have income the No	all jobs and all businesses, i	including part-time activitie	es.	ars?
✓ Yes. Fill in the details.	Debtor 1		Debtor 2	
	Sources of income Check all that apply	Gross income (before deductions and exclusions)	Sources of income Check all that apply	Gross income (before deductions and exclusions)
From January 1 of current year until the dat you filed for bankruptcy:	Wages, commissions, bonuses, tips	\$ <u>18,328.95</u>	Wages, commissions, bonuses, tips	\$
	Operating a busine	ess	Operating a busines	SS
For last calendar year: (January 1 to December 31, 2021	✓ Wages, ″ commissions, bonuses, tips	\$ <u>44,948.79</u>	Wages, commissions, bonuses, tips	\$
	Operating a busine	ess	Operating a busines	SS
For the calendar year before that: (January 1 to December 31, 2020	✓ Wages, ° commissions, bonuses, tips	\$ <u>52,788.40</u>	Wages, commissions, bonuses, tips	\$
	Operating a busine	ess	Operating a busines	SS
5. Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No Yes. Fill in the details.				
Part 3: List Certain Payments You Made Before	e You Filed for Bankruptcy	,		
6. Are either Debtor 1's or Debtor 2's debts primai	ily consumer debts?			
No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$7,575* or more?				
No. Go to line 7.				
Yes. List below each creditor to whom y the total amount you paid that creditor. as child support and alimony. Also, do r	Do not include payments for	domestic support obligation	ons, such	
* Subject to adjustment on 4/01/25 and eve	ery 3 years after that for case	es filed on or after the date	of adjustment.	

 Case 22-11615-mdc
 Doc 13
 Filed 07/31/22
 Entered 07/31/22
 14:18:14
 Desc Main

 Marco Solomon Gagliardi First Name
 Middle Name
 Last Name
 Document
 Page 30 of 41
 Case number(if known)
 22-11615

✓ Yes. Debtor 1 or Debtor 2 or both have prir During the 90 days before you filed for b		or a total of \$600 or more?			
✓ No. Go to line 7.					
Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.					
7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? <i>Insiders</i> include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.					
✓ No.☐ Yes. List all payments to an insider.					
8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider.					
✓ No.✓ Yes. List all payments that benefited an insider.					
Part 4: Identify Legal Actions, Repossessions	s, and Foreclosures				
9. Within 1 year before you filed for bankruptcy, we List all such matters, including personal injury case and contract disputes. ———————————————————————————————————		court action, or administrative proceeding? , collection suits, paternity actions, support or custo	dy modifications,		
☐ No ✓ Yes. Fill in the details.					
_	Nature of the case	Court or agency	Status of the case		
Case title: Del Obispo Youth Baseball, Inc., et al v. The Ambassador Group LLC, et al Case number: 8:21-CV-00199-JVS-DFM	Business Dispute; Date filed: 01/28/2021	U.S. District Court, Central District of California, Court Name Southern Division	✓ Pending ☐ On appeal ☐ Concluded		
		411 West 4th Street, Room 1053 Number Street Santa Clara CA 92701-4516 City State ZIP Code			
10.Within 1 year before you filed for bankruptcy,	was any of your property repos	•	I, or levied?		
Check all that apply and fill in the details below.	, , , , , ,	, , ,	•		
✓ No. Go to line 11.☐ Yes. Fill in the information below.					
11.Within 90 days before you filed for bankruptcy from your accounts or refuse to make a paym		bank or financial institution, set off any amounts			
✓ No ☐ Yes. Fill in the details					
12.Within 1 year before you filed for bankruptcy, creditors, a court-appointed receiver, a custoo		e possession of an assignee for the benefit of			
☑ No ☐ Yes					
Part 5: List Certain Gifts and Contributions					
13.Within 2 years before you filed for bankruptcy	, did you give any gifts with a t	otal value of more than \$600 per person?			
✓ No ☐ Yes. Fill in the details for each gift.					

 Case 22-11615-mdc
 Doc 13
 Filed 07/31/22
 Entered 07/31/22
 14:18:14
 Desc Main

 Marco Solomon Gagliardi
First Name
 Document
 Page 31 of 41
 Case number(if known)
 22-11615

14.W	ithin 2 years before you filed for bankruptcy,	did you give any gifts or contributions with a total value o	f more than \$600 to	any charity?
$\overline{\mathbf{A}}$	No			
	Yes. Fill in the details for each gift or contribution	on.		
Part	6: List Certain Losses			
15.W	ithin 1 year before you filed for bankruptcy o	r since you filed for bankruptcy, did you lose anything bec	ause of theft, fire, o	other disaster, or
	ambling?	, ··· , , , , , , , , , , , , , ,	,	,
	No			
	Yes. Fill in the details.			
	Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss	Date of your loss	Value of property lost
	the loss occurred	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	1033	property lost
	Loss from gambling.	Claim Pending: No, Not covered by insurance: \$0.00	05/2022	\$ <u>1,000.00</u>
Dow	Ties Contain Pourses on Transfers			
Part	7: List Certain Payments or Transfers			
aı	nyone you consulted about seeking bankrupt	did you or anyone else acting on your behalf pay or transfe tcy or preparing a bankruptcy petition? ers, or credit counseling agencies for services required in your b		
	No			
_	Yes. Fill in the details.			
17.W	ithin 1 year before you filed for bankruptcy.	did you or anyone else acting on your behalf pay or transfe	er any property to	
ar		our creditors or to make payments to your creditors?	, p	
	No	accusion line 10.		
	Yes. Fill in the details.			
_		did you call trade or otherwise transfer any preparty to a	nyono othor than	
18.Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.				
	No	,		
	Yes. Fill in the details.			
	ithin 10 years before you filed for bankruptcy ou are a beneficiary?(These are often called as	y, did you transfer any property to a self-settled trust or sin	nilar device of whic	h
	No			
_	Yes. Fill in the details.			
Part	8: List Certain Financial Accounts, Instru	ments, Safe Deposit Boxes, and Storage Units		
20.W	ithin 1 year before you filed for bankruptcy.	were any financial accounts or instruments held in your na	me. or for vour ben	efit.
cl In	osed, sold, moved, or transferred? clude checking, savings, money market, or o	other financial accounts; certificates of deposit; shares in best, associations, and other financial institutions.		
	No			
	Yes. Fill in the details.			
	o you now have, or did you have within 1 yea ecurities, cash, or other valuables?	r before you filed for bankruptcy, any safe deposit box or o	other depository for	
Y	No			
	Yes. Fill in the details.			
22.H	ave you stored property in a storage unit or p	place other than your home within 1 year before you filed fo	or bankruptcy	
_ =	No			
	Yes. Fill in the details.			

Case 22-11615-mdc Doc 13 Filed 07/31/22 Entered 07/31/22 14:18:14 Desc Main Marco Solomon Gagliardi Pirst Name Middle Name Last Name Document Page 32 of 41 Case number(if known) 22-11615

Part 9: Identify Property You Hold or Control for	Someone Else	
23.Do you hold or control any property that someon or hold in trust for someone.	ne else owns? Include any property you borro	owed from, are storing for,
✓ No		
Yes. Fill in the details.		
Part 10: Give Details About Environmental Inform	nation	
For the purpose of Part 10, the following definitions	apply:	
Environmental law means any federal, state, or lo hazardous or toxic substances, wastes, or mater including statutes or regulations controlling the	ial into the air, land, soil, surface water, grou	ndwater, or other medium,
Site means any location, facility, or property as d it or used to own, operate, or utilize it, including of		r you now own, operate, or utilize
Hazardous material means anything an environm substance, hazardous material, pollutant, contan		ardous substance, toxic
Report all notices, releases, and proceedings that y	ou know about, regardless of when they occ	urred.
24.Has any governmental unit notified you that you	may be liable or potentially liable under or in	violation of an environmental law?
✓ No		
Yes. Fill in the details.		
25.Have you notified any governmental unit of any r	elease of hazardous material?	
✓ No		
Yes. Fill in the details.		
26.Have you been a party in any judicial or administ	rative proceeding under any environmental la	aw? Include settlements and orders.
✓ No		
Yes. Fill in the details.		
Part 11: Give Details About Your Business or Co	nnections to Any Rusiness	
	<u>-</u>	
27.Within 4 years before you filed for bankruptcy, di	•	•
A sole proprietor or self-employed in a trade, p		t-time
A member of a limited liability company (LLC)	or limited liability partnership (LLP)	
A partner in a partnership		
An officer, director, or managing executive of a	a corporation	
An owner of at least 5% of the voting or equity	securities of a corporation	
$\hfill \square$ No. None of the above applies. Go to Part 12.		
Yes. Check all that apply above and fill in the deta	ils below for each business.	
Golden Star Holdings Group, LLC Business Name	Describe the nature of the business	Employer Identification number Do not include Social Security number or
		ITIN.
Number Street	Name of accountant or bookkeeper	EIN: 8 2 - 3 6 8 8 2 1 3
CA City State ZIP Code	name of accountant or bookkeeper	Dates business existed
•		From <u>12/13/2017</u> To <u>Current</u>

Case 22-11615-mdc Doc 13 Filed 07/31/22 Entered 07/31/22 14:18:14 Desc Main Marco Solomon Gagliardi Document Page 33 of 41 Case number(if known) 22-11615

Debtor

Describe the nature of the business **Employer Identification number** Goldenstar Financial Group, Inc Do not include Social Security number or Business Name Holding Company for Godenstar and Gaglardi EIN: 8 3 - 3 7 6 6 6 4 4 Number Street PΑ Name of accountant or bookkeeper Dates business existed City State ZIP Code From 01/01/2019 To Current Describe the nature of the business **Employer Identification number** Gagliardi Insurance Svc Do not include Social Security number or Business Name Insurance (In bankruptcy. See Petition Q 10.) EIN: 7 7 - 0 2 4 1 2 6 5 Number Street Name of accountant or bookkeeper Dates business existed State ZIP Code Stacey Montes From 01/01/<u>1990</u> To <u>11/13/2020</u> **Employer Identification number** Describe the nature of the business Goldenstar Specialty Insurance Inc. Do not include Social Security number or **Business Name** Insurance. (In bankruptcy. See Petition Q 10.) EIN: 8 2 - 4 7 0 7 1 0 0 Number Street Name of accountant or bookkeeper PA Dates business existed State ZIP Code From <u>09/12/2017</u> To <u>11/19/2020</u> 28.Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No. None of the above applies. Go to Part 12.

Yes. Check all that apply above and fill in the details below for each business.

Case 22-11615-mdc Doc 13 Filed 07/31/22 Entered 07/31/22 14:18:14 Desc Main Marco Solomon Gagliardi Pirst Name Middle Name Last Name Document Page 34 of 41 Case number(if known) 22-11615

Debtor

Yes. Name of person ___

answers are true and correct. I understand	t of Financial Affairs and any attachments, and I declare under penalty of perjury that d that making a false statement, concealing property, or obtaining money or property result in fines up to \$250,000, or imprisonment for up to 20 years, or both.	
✗ /s/ Marco Solomon Gagliardi	X	
X /s/ Marco Solomon Gagliardi Signature of Debtor 1	Signature of Debtor 2	

Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11— Reorganization
- Chapter 12— Voluntary repayment plan for family farmers or fishermen
- Chapter 13— Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing foo
\$245	filing fee
\$78	administrative fee

total fee

\$15

\$338

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

trustee surcharge

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law.

Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form—sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

	\$1,167	filing fee
+	\$571	administrative fee
	\$1.738	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$78	administrative fee
	\$278	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$78	administrative fee
	\$313	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/forms/bankruptcy-forms

Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition* for *Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses.

In Alabama and North Carolina, go to: http://www.uscourts.gov/servicesforms/bankruptcy/credit-counseling-anddebtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court

Eastern District of Penr	sylvania
In re Marco Solomon Gagliardi	
	Case No. 22-11615
Debtor	Chapter_ ¹³
DISCLOSURE OF COMPENSATION OF	ATTORNEY FOR DEBTOR
1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016 above named debtor(s) and that compensation paid to me petition in bankruptcy, or agreed to be paid to me, for set the debtor(s) in contemplation of or in connection with the debtor of the debtor	ne within one year before the filing of the ervices rendered or to be rendered on behalf of
FLAT FEE	
For legal services, I have agreed to accept	\$ <u>4,250.00</u>
Prior to the filing of this statement I have received	
Balance Due	\$_3,500.00
<u>RETAINER</u>	
For legal services, I have agreed to accept a retainer of	
The undersigned shall bill against the retainer at an hour	rly rate of\$
[Or attach firm hourly rate schedule.] Debtor(s) have ag approved fees and expenses exceeding the amount of the	reed to pay all Court
2. The source of the compensation paid to me was:	
Debtor Other (specify) Kelia	Gagliardi - Debtor's Spouse
3. The source of compensation to be paid to me is:	
Debtor Other (specify)	
4. I have not agreed to share the above-disclosed con are members and associates of my law firm.	npensation with any other person unless they
I have agreed to share the above-disclosed comperare not members or associates of my law firm. A copy of the of the people sharing the compensation is attached.	•
5. In return of the above-disclosed fee, I have agreed to ren	der legal service for all aspects of the

- 5. In return of the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
 - a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
 - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

Case 22-11615-mdc Doc 13 Filed 07/31/22 Entered 07/31/22 14:18:14 B2030 (Form 2030) (12/15) Document Page 40 of 41	Desc Main
d. [Other provisions as needed] Preparation of bankruptcy petition and schedules and review of the same with the debtor(s); attendance at the 341 hear secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and and preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for the avoidance of liens on household goods.	ring; negotiations with I applications as needed;
6. By agreement with the debtor(s), the above-disclosed fee does not include the following serve Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions, any other motions to modify a Chapter 13 plan, post-confirmation motions to dismiss, or other post-confirmation motions.	

CERTIFICAT	YON
------------	-----

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Date

/s/ Paul Midzak, 310447

Signature of Attorney

Harborstone Law

Name of law firm 40 W Evergreen Ave Ste 101

Philadelphia, PA 19118